

FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24589**

BIRTH NO. _____		REG. DIST. NO. <b>224</b>		PRIMARY REG. DIST. NO. <b>3052</b>		Registrar's No. <b>284</b>	
1. PLACE OF DEATH a. COUNTY <b>PETTIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PETTIS</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SEDALIA</b>		c. LENGTH OF STAY (in this place) <b>3 DAYS</b>		c. CITY OR TOWN <b>HOUSTONIA</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BOTHWELL HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>0800</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>CHARLES</b>		b. (Middle) <b>EDWARD</b>		c. (Last) <b>RECTOR</b>	
4. DATE OF DEATH		(Month) <b>JULY</b>		(Day) <b>16</b>		(Year) <b>1956</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>NOV. 9, 1878</b>	
9. AGE (In years last birthday) <b>77</b>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 MRS. Hours _____ Mins. _____		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RAILWAYMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>BOONE COUNTY, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>George W. Rector</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH E. HADDOCK</b>		14. NAME OF HUSBAND OR WIFE <b>EDNA BELLE HAYES</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>702-14-4905</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. John Smith - Houstonia, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral occlusion with myocardial infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>7-13</b> , 19 <b>56</b> , to <b>7-16</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>7-16</b> , 19 <b>56</b> , and that death occurred at <b>11:45 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Chas. Jordan Hauptfleisch M.D.</b>				23b. ADDRESS <b>Sedalia Mo</b>		23c. DATE SIGNED <b>7-18-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JULY 18, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HOUSTONIA CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>HOUSTONIA, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-18-56</b>		REGISTRAR'S SIGNATURE <b>Lawrence Cooney, Deputy</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul M. Moore</b>		ADDRESS <b>20 Monteau</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

251-7

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... Paul M. Moore

Licensed Embalmer No. 392

P. O. Address La Monte

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.